

WOOD TREATER NOTICE OF INTENT (WNOI)  
FOR COVERAGE UNDER WOOD TREATER STORM WATER  
GENERAL NPDES PERMIT MSR22 \_ \_ \_ \_  
(Number to be assigned by State)

(file at least 60 days prior to the commencement  
of regulated industrial activity)

NAME OF FACILITY:

FACILITY OWNER:

FACILITY OPERATOR (if different than owner):

(OPERATOR IS RESPONSIBLE FOR PERMIT COMPLIANCE)

OWNER-OPERATOR RELATIONSHIP:

IS THIS NOTICE FOR A FACILITY THAT WILL NEED ANY OTHER PERMITS?

If so, check which one(s): AIR, HAZARDOUS WASTE, NPDES (for process  
wastewater), PRETREATMENT, STATE OPERATING, CORPS OF ENGINEERS  
404/401, other(s):

FACILITY CONTACT PERSON:

TELEPHONE NUMBER (INCLUDE AREA CODE):

FACILITY MAILING ADDRESS:

NUMBER AND STREET (P. O. BOX):

CITY:

STATE:

ZIP:

FACILITY LOCATION:

STREET, ROUTE OR OTHER

CITY:

STATE:

ZIP:

WOOD PRESERVATIVES THAT HAVE BEEN USED

ATTACH A USGS QUAD MAP SHOWING SITE LOCATION AND STORM WATER OUTFALLS.  
Maps can be obtained from the Office of Geology: 601-961-5523

SIC CODE FOR WOOD PRESERVING IS **2491**. LIST ANY OTHER APPLICABLE SIC CODES:

TOTAL ACREAGE USED TO STORE TREATED LUMBER:

IS TREATMENT PROVIDED AT ANY OUTFALL?  
IF SO, DESCRIBE:

ATTACH A STORM WATER POLLUTION PREVENTION PLAN (SWPPP). SEE PERMIT FOR REQUIREMENTS.

IF USING AN ASSOCIATION OR GENERIC SWPPP ALREADY SUBMITTED, GIVE NAME:

ATTACH A COPY OF ANY QUANTITATIVE LABORATORY DATA YOU HAVE FOR EACH STORM WATER OUTFALL. IF MULTIPLE SAMPLING HAS BEEN PERFORMED, PROVIDE A SUMMARY FOR EACH PARAMETER, INCLUDING SAMPLING DATES AND THE MINIMUM, AVERAGE AND MAXIMUM VALUES.

I certify under penalty of law that this document and all attachments were prepared under my direction or supervision in accordance with a system designed to assure that qualified personnel properly gathered and evaluated the information submitted. Based on my inquiry of the person or persons who manage the system, or those persons directly responsible for gathering the information, the information submitted is, to the best of my knowledge and belief, true, accurate and complete. I am aware that there are significant penalties for submitting false information, including the possibility of fine and imprisonment for knowing violations.

Signature<sup>1</sup> (Must be signed by operator  
when different than owner)

Date Signed

Printed Name

Title

<sup>1</sup>This application shall be signed according to the General Permit, Part V.E., as follows:

- For a corporation, by a responsible corporate officer.
- For a partnership, by a general partner.
- For a sole proprietorship, by the proprietor.
- For a municipal, state or other public facility, by either a principal executive officer, the mayor, or ranking elected official.
- Duly Authorized Representative

6/25/96